



CENTRAL WASHINGTON UNIVERSITY

Hotel/Motel Room Reservation Request

Accounts Payable Office, 400 E University Way, Ellensburg, WA 98926

Phone: 509-963-1986, Fax: 509-963-1623

(To be used when charges are to be direct billed to CWU.)

Section 1 – To be completed by CWU’s requesting department

Request for Quote/Information: (to be filled out by CWU dept)

Hotel/Motel: _____ # of Rooms: _____ Accommodations: Single Double Triple Quad

Arrival Date _____ Arrival Time _____ Departure Date _____

Room Occupant Name _____ Company _____ Telephone Number _____

Occupant Street Address _____ City _____ State _____ Zip _____

Direct Bill: (mark one) Room & Tax Only All Charges

Central Washington University Billing Information

Charge to Speedtype _____ ACCOUNT: _____ CONTRACT# _____

CWU Department Name & Contact: _____

Budget Approval Signature: _____

Dept email address or fax # to send confirmation to: _____

Section 2 – RESERVATIONS MADE BY

Name _____ Department _____ Telephone Number _____

Return Fax Number _____

Reservation Accepted by:

Name _____ Confirmation # _____ Date _____ Time _____

Rate per Night: _____ Room Tax per Night: _____